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## BIB DATA SHEET

CONFIRMATION NO. 4834

SERIAL NUMBER	FILING or 371(c) DATE RULE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
10/659,760	09/10/2003	455	3626	EIS-6066 (1417G P 921)
<b>APPLICANTS</b> Thomas L. C. Simpson, Burlington, WI; Laura M. Letellien, Buffalo Grove, IL; James P. Martucci, Libertyville, IL;				
<b>** CONTINUING DATA *****</b> This application is a CIP of 10/059,929 01/29/2002 and is a CIP of 10/135,180 04/30/2002 and is a CIP of 10/424,553 04/28/2003 and claims benefit of 60/444,350 02/01/2003 and claims benefit of 60/488,273 07/18/2003				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 12/03/2003				
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and Acknowledged <u>/HIEP VAN NGUYEN/</u> Examiner's Signature	<input type="checkbox"/> Met after Allowance HN Initials	<b>STATE OR COUNTRY</b> WI	<b>SHEETS DRAWINGS</b> 10	<b>TOTAL CLAIMS</b> 58
<b>INDEPENDENT CLAIMS</b> 4				
<b>ADDRESS</b> BAXTER HEALTHCARE CORPORATION 1 BAXTER PARKWAY DF2-2E DEERFIELD, IL 60015 UNITED STATES				
<b>TITLE</b> Wireless medical data communication system and method				
<b>FILING FEE RECEIVED</b> 1670	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	